

Traditional vs Empowerment Based

Table 3.5 Comparison of Traditional and Empowerment –Based DSME and DSMS

| <i>Traditional DSME and DSMS</i> | <i>Empowerment-Based DSME and DSMS</i> |
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| Diabetes is a physical illness. | Diabetes is a biopsychosocial illness. |
| Professional is viewed as teacher and problem solver, and responsible for outcomes. | Patient is viewed as problem solver and self-manager: professional acts as a resource and shares responsibility for outcomes. |
| Learning needs are usually identified by professional | Problems and learning needs are identified by patient. |
| Education is curriculum-driven. | Education is patient-centered and consistent with adult learning principals. |
| Education is primarily didactic. | Patient experiences are used as learning opportunities for problem solving and serve as the core for the curriculum. |
| Emotional issues are a separate component of the curriculum. | Emotional issues are integrated with clinical content. |
| Behavioral strategies are used to increase compliance with recommended treatment. | Behavioral strategies are integrated with clinical content and taught to patients to help them change behaviors of their choosing. |
| Goal of education is compliance/adherence with recommendations. | Goal is to enable patients to make informed choices. |
| A lack of goal attainment is viewed as a failure by both the patient and the educator. | A lack of goal attainment is viewed as feedback and used to modify goals and action plans. |
| Behavior changes are externally motivated. | Behavior changes are internally motivated. |
| Patients is relatively powerless, professional is powerful. | Patient and professional are equally powerful. |

Source: Adapted from MM Funnell, RM Anderson, "Patient empowerment: from revolution to evolution," *Treat Strategies Diabetes 3* (2011): 98-105.